

VIRGINIA COMMUNITY RESOURCE SURVEY

PROGRAM DIRECTOR

GENERAL INFORMATION

Name of agency/organization: _____

Mailing address, city, and zip code: _____

Phone number: _____

E-mail address: _____

How long have you been director at this program? _____ years

How long have you been in the prevention field? _____ years

Do you have any special training in prevention? () No () Yes

If YES, what kind of training do you have? _____

What geographical region does your program cover?

Locality(ies): _____

School district(s): _____

PREVENTION PROGRAMS/SERVICES

This next section asks about **prevention resources**. A **prevention resource** is a program, service, or activity that helps reduce the likelihood that people will engage in problem behaviors, such as drug use, crime, delinquency, or violence.

1. Does your program engage in the following youth-focused programs/services?

No Yes

() () Supervised after-school recreation programs (e.g., organized sports, clubs)

() () Drug-free social and recreational activities (e.g., drug-free dances, "Just Say No" clubs, prom and graduation contracts)

() () Youth adventure-based programs (e.g., outdoor challenge activities such as wilderness courses or ropes courses)

() () Intergenerational (e.g., shared activities between youth and elderly persons)

() () Mentoring

() () Career/job skills training

- () () Youth community service programs (e.g., volunteer work, service learning)
- () () Peer leadership/peer helper programs
- () () Life skills/social skills training (e.g., assertiveness, communication, drug refusal, problem-solving, or conflict resolution skills training)
- () () Teen drop-in centers
- () () Tutoring programs
- () () Youth support groups (e.g., Alateen, COSA)
- () () Youth community action groups (e.g., SADD, youth councils)
- Other: _____
- Other: _____

2. Does your program engage in the following family-focused programs/services?

- No Yes
- () () Prenatal/infancy (e.g., maternal and child health care, nutrition, and child development)
- () () Early childhood education (e.g., early enrichment or preschool programs)
- () () Parenting/family management training (e.g., supervision, rule-setting, and discipline skills)
- () () Pre-marital counseling
- () () Family support (e.g., family planning, home visits from health or social service workers, housing, child care)
- Other: _____
- Other: _____

3. Does your program engage in the following school-focused programs/services?

- No Yes
- () () Organizational change in schools (e.g., school-community partnerships, school management teams involving administrators, teachers, counselors, and parents, and parental involvement)
- () () Classroom organization, management, and instructional practices (e.g., interactive teaching, proactive classroom management, cooperative learning)
- () () School behavior management (e.g., structured playground activities, discussion of weekly behavioral report cards, behavioral contracting)
- () () School transition (e.g., special homerooms or "schools within schools" for new students)
- () () Development of school policies that discourage substance abuse
- () () Enforcement of school policies that discourage substance abuse
- Other: _____
- Other: _____

4. Does your program engage in the following community-focused programs/services?

No Yes

- () () Development of community laws and policies that discourage substance abuse
- () () Enforcement of community laws and policies that discourage substance abuse
- () () Media campaigns (e.g., posters, public service announcements, advertisements, commercials)
- () () Information dissemination (e.g., brochures, fact sheets, videos, presentations, Clearinghouse)
- () () Community mobilization (e.g., coalition building, neighborhood watch)
- () () Community development/capacity building (e.g., training and technical assistance to community groups and organizations)
- () () Provide or assist with community policing programs/services (e.g., foot or bicycle patrols, training to police in child development and crisis management)

Other: _____

5. Please identify the *primary* population(s) that your program served (Check all that apply).

General Population		Community	
		Criminally involved adults	
School		Economically disadvantaged groups	
Preschool students		Civic groups	
Elementary school students		Coalitions	
Middle/junior high school students		Gays/lesbians	
High school students		Government/elected officials	
College students		Immigrants and refugees	
		Law enforcement/military	
Youth		Migrant workers	
COSAs (children of substance abusers)		Older adults	
Delinquent/violent youth		People using substance (excluding those in need of treatment)	
Foster children		People with disabilities	
Homeless/runaway youth		Physically/emotionally/sexually abused people	
Economically disadvantaged youth		Pregnant women	
School dropouts		Religious groups	
Pregnant teenagers		Rural/isolated populations	
Students at risk of dropping out of school		Urban/inner-city populations	
Youth/minors not included under other categories		Women of childbearing age	
Families		Business/Work Populations	
Parents/families		Business and industry	
		Health care professionals	
		Managed care organizations	
		Teachers/administrators/counselors	
		Other (please specify):	

BUDGET

6. Please estimate the annual budget for this program for the past year (including planning administrative, and support time as well as time devoted to direct service).

\$ _____

7. Please estimate what percentage of your budget comes from the following sources:

_____ State agency

_____ Direct Federal grants or contracts

_____ Local/municipal funds

_____ Program fees

_____ Foundations (e.g., United Way) or individual contributions

_____ Other (please specify): _____

SUBSTANCE ABUSE RELATED OBJECTIVES

8. To what extent did your program/service address the following objectives?

(NOTE: **A main focus** refers to an objective addressed by the program that is a specific focus or objective of the program. **Not a main focus, but addressed** refers to an objective addressed by the program, but that is not a specific focus of the program. **Not addressed** refers to an objective that is not addressed at all by the program.)

Objective	A Main Focus	Not a Main Focus, but Addressed	Not Addressed
A. Peer and Individual Domain			
(1) Prevent or delay the first use of ATOD	()	()	()
(2) Strengthen perceptions about the harmful effects of ATOD use	()	()	()
(3) Strengthen attitudes against ATOD use	()	()	()
(4) Prevent antisocial behaviors.....	()	()	()
(5) Strengthen attitudes against antisocial behavior (e.g., delinquency, violence)	()	()	()
(6) Increase involvement in positive social activities, such as sports, clubs, etc	()	()	()
(7) Increase involvement in religious activities.....	()	()	()
(8) Increase the number of youth who have positive relationships with adults	()	()	()
(9) Reduce involvement in delinquent peer groups	()	()	()
(10) Reduce involvement in drug-using peer groups	()	()	()
(11) Reduce symptoms of depression	()	()	()
(12) Reduce rebelliousness among youth	()	()	()
(13) Improve social skills (e.g., communication, anger management, social problem solving)	()	()	()

- | | | | |
|---|-----|-----|-----|
| (14) Increase youths' awareness of peer norms opposed to ATOD use | () | () | () |
| (15) Provide alternative activities that are thrilling and socially acceptable (e.g., rock climbing, extreme sports, wilderness courses, ropes courses) | () | () | () |

B. Family Domain

- | | | | |
|--|-----|-----|-----|
| (1) Reduce ATOD use among adult family members | () | () | () |
| (2) Improve parents' family management skills (e.g., supervision, rules, discipline) | () | () | () |
| (3) Improve parents' and children's family communication skills | () | () | () |
| (4) Change parental attitudes towards ATOD use among youth | () | () | () |
| (5) Improve parents' ability to provide opportunities for positive family involvement..... | () | () | () |
| (6) Improve parents' ability to reward positive family involvement..... | () | () | () |
| (7) Reduce marital conflict | () | () | () |

C. School Domain

- | | | | |
|--|-----|-----|-----|
| (1) Establish, communicate, and enforce clear policies regarding ATOD use | () | () | () |
| (2) Improve academic skills..... | () | () | () |
| (3) Improve student commitment to education..... | () | () | () |
| (4) Increase opportunities for positive youth participation in school | () | () | () |
| (5) Increase rewards for positive youth participation in schools | () | () | () |
| (6) Increase opportunities for positive youth participation in the classroom ... | () | () | () |
| (7) Increase positive parental involvement in school | () | () | () |

D. Community Domain

- | | | | |
|---|-----|-----|-----|
| (1) Improve adjustment to a new home or school..... | () | () | () |
| (2) Reduce youth access to ATOD | () | () | () |
| (3) Increase opportunities for positive youth involvement in the community .. | () | () | () |
| (4) Increase rewards for positive youth involvement in the community | () | () | () |
| (5) Develop or strengthen community laws that restrict ATOD use..... | () | () | () |
| (6) Strengthen community norms and/or attitudes against ATOD use | () | () | () |
| (7) Improve neighborhood safety, organization and/or sense of community.. | () | () | () |

COLLABORATION

9. Does your agency currently participate with other community organizations in joint planning around prevention?

YES → Continue

NO → Survey Completed

If yes, which of the following types of agencies does your office participate in joint prevention planning?

Does your agency participate in <u>joint planning on prevention</u> with...	YES	NO	REFUSED	DON'T KNOW
Schools				
Youth service bureau				
Local prevention council				
Police or juvenile justice department				
Religious organizations				
Regional substance abuse council				
Local recreation department				
Local health department				
Local social service department				
Private nonprofit social service agency				
Private business or corporation				
Other organizations (SPECIFY):				

THANK YOU FOR YOUR ASSISTANCE